

## **Application Data Sheet**

### **Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Title:: Health Monitoring System  
Attorney Docket Number:: B0033/7001C3  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 27  
Small Entity:: Yes  
Petition Included?:: No  
Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Stephen  
Middle Name:: A.  
Family Name:: Raymond  
City of Residence:: Charlestown  
State or Province of Residence:: Massachusetts  
Country of Residence:: USA  
Street of Mailing Address:: 57 Ninth Street  
City of Mailing Address:: Charlestown  
State or Province of Mailing Address:: Massachusetts  
Postal or Zip Code of Mailing Address:: 02129

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Geoffrey  
Middle Name:: E.  
Family Name:: Gordon  
City of Residence:: Boston  
State or Province of Residence:: Massachusetts  
Country of Residence:: USA  
Street of Mailing Address:: 64 W. Cedar Street, #4  
City of Mailing Address:: Boston  
State or Province of Mailing Address:: Massachusetts  
Postal or Zip Code of Mailing Address:: 02114

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Daniel  
Middle Name:: B.  
Family Name:: Singer  
City of Residence:: Weymouth  
State or Province of Residence:: Massachusetts  
Country of Residence:: USA  
Street of Mailing Address:: 20 Gaslight Drive, #5  
City of Mailing Address:: Weymouth  
State or Province of Mailing Address:: Massachusett  
Postal or Zip Code of Mailing Address:: 02190

**Correspondence Information**

Correspondence Customer Number:: 021127

Phone Number:: (617) 367-4600  
Fax Number:: (617) 367-4656  
E-Mail Address:: pconrad@kjpat.com

### Representative Information

Representative Customer Number::	021127
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### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	09/940,129	8/27/2001
which is	Division of	09/477,986	11/23/1999
which is	Continuation of	09/001,032	12/30/1997
which is	Continuation of	08/394,157	2/24/1995

### Assignee Information

Assignee Name:: Brigham and Women's Hospital  
Street of Mailing Address:: 500 Rutherford Avenue  
City of Mailing Address:: Charlestown  
State or Province of Mailing Address:: Massachusetts  
Country of Mailing Address:: USA  
Postal or Zip Code of Mailing Address:: 02129